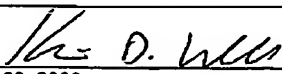


<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/643,816	<b>RECEIVED CENTRAL FAX CENTER MAR 28 2006</b>
	Filing Date	August 18, 2003	
	First Named Inventor	Jean-Aicard Fabien	
	Art Unit	2686	
	Examiner Name	Bryan J. Fox	
Total Number of Pages in this Submission	6	Attorney Docket Number	CE11375R


  

ENCLOSURES <span style="float: right;">(check all that apply)</span>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> 5 Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> 1 Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input checked="" type="checkbox"/> Transmittal Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Kevin D. Wills	Registration No.	43,993
Signature			
Date	March 28, 2006		

CERTIFICATE OF TRANSMITTAL/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	V. Lynn Webb		
Signature			Date
			March 28, 2006

Docket No. CE11375R

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## UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):	Jean-Aicard Fabien	CONFIRMATION NO.:	4784
APPLN. NO.:	10/643,816	EXAMINER:	Bryan J. Fox
FILED:	August 18, 2003	ART UNIT:	2686
TITLE:	POWER ALLOCATION METHOD FOR MULTICAST SERVICES		

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**AMENDMENT UNDER 37 CFR 1.116**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Final Office Action mailed February 27, 2006 concerning the above-identified application having a shortened statutory period for response which expires May 27, 2006.

This communication is submitted, and timely filed, within two months of the mailing date of the above Final Office Action.